

CITY OF ATLANTA

PERFORMANCE IMPROVEMENT PLAN	Last Name _____	First Name _____	Initial _____
	People Soft ID# _____	Job Class _____	
	Department _____	Title _____	
		Bureau _____	
	CRITICAL JOB ELEMENTS/ PERFORMANCE INDICATORS		
	Area(s) Needing Improvement: _____		
	STEPS TO BE TAKEN		
	Employee Responsibilities: _____		
	Rater Responsibilities: _____		
	Improvement is Required by: _____ (Date - Up to 180 Days)		
	I have received a copy of my Performance Improvement Plan and understand that failure to achieve an Effective performance rating by the target date on the plan may result in personnel action.		
	Employee Signature _____	Date _____	
	Rater Signature _____	Date _____	
	Department Evaluation Reviewer _____	Date _____	
	PERFORMANCE IMPROVEMENT PLAN RESULTS		
Results: _____			
Performance Improvement Plan Completion Date: _____			
ASSESSMENT OF PROGRESS			
Did employee achieve an Effective rating? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Follow-up Actions: _____			
Employee Signature _____	Date _____		
Rater Signature _____	Date _____		
Department Evaluation Reviewer _____	Date _____		